

**ACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>02-MAY-2017</b>		TIME <b>21:10:00</b>	2. ADDRESS OF OCCURRENCE <b>1557 W 43RD ST CHICAGO, IL 60609</b>		3. LOCATION CODE <b>304</b>	4. BEAT/OCCUR <b>0924</b>	5. VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO	
INVOLVED INFORMATION (Check all that apply)	6. POSITION <b>9161</b>	7. LAST NAME <b>AUGLE</b>	8. FIRST NAME <b>LEO R</b>	9. STAR NO. <b>12848</b>	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE <b>WHI</b>	12. AGE <b>602</b>	13. HT <b>225</b>
	15. DATE OF APPL. <b>02-DEC-2002</b>	16. EMPLOYEE NO. <b>009</b>	17. UNIT & BEAT OF ASSIGNMENT <b>0962E</b>	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	21. LAST NAME <b>UNK</b>	22. FIRST NAME	23. M.I.	24. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	25. RACE	26. D.O.B.	27. HT.	28. WT
	29. ADDRESS <b>XXXXXXX, IL</b>	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? FIREARM - RIFLE <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED? <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36. BY WHOM?	37. CONDITION <input type="checkbox"/> DNA	38. CHARGES PLACED	39. CB NO. IR NO. <input type="checkbox"/> DNA				
	40. SUBJECT'S ACTIONS  DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER _____	PASSIVE RESISTER  FLED PULLED AWAY OTHER _____	ACTIVE RESISTER  IMMINENT THREAT OF BATTERY OTHER PERCEIVED AS _____	ASSAILANT: ASSAULT  ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ASSAILANT: BATTERY  PERCEIVED AS _____	ASSAILANT DEADLY FORCE  USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER PERCEIVED AS _____		
	MEMBERS RESPONSE  MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/ CHEMICAL WEAPON W/AUTHORIZATION LRAD WITH AUTHORIZATION OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____	KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40) OTHER _____	FIREARM OTHER _____			
	41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member					
46. WEAPON TYPE  01 REVOLVER 02 RIFLE 03 SHOTGUN 04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER	47. INCIDENT OCCURRED  <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS  <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS  <b>CLEAR</b>					
50. MAKE/MANUFACTURER <b>SMITH &amp; WESSON -U.S. (BODYGUARD, CHIEF SPECIAL)</b>	51. MODEL <b>M&amp;P</b>	52. BARREL LENGTH <b>4.25</b>	53. CALIBER/GAUGE <b>40 S&amp;W</b>					
54. TASER DART ID NO. <b>MPH2108</b>	55. WEAPON SERIAL NO. (Include Letters) <b>MPH2108</b>	56. CHICAGO GUN REG. NO. <b>R003826S</b>	57. IL FIREARM OWNER ID. NO. <b>66340260</b>	58. HANDGUN CERTIFICATE NO.				
59. SPECIAL WEAPON CERTIFICATE NO.	60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED <b>Department Issued</b>	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>	63. TOTAL NO. OF SHOTS MEMBER FIRED <b>16</b>				
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	65. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	66. NO OF CARTRIDGES/SHOT SHELLS RELOADED <b>15</b>	67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>MAGAZINE</b>	70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>VEHICLE</b>	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input checked="" type="checkbox"/> 04 OVER 15 FT							
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input checked="" type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION	74. POSITION OF MEMBER DISCHARGING WEAPON  <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input checked="" type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b>00 # 1085062</b>							

**1712215090****JA248393**

INFORMATION	<p>77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE            NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC            NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC            Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p>		
SIGNATURES	<p>78. ADDITIONAL INFORMATION <b>223 CALIBER RIFLE</b></p>		
	<p>79. REPORTING MEMBER (Print Name) <b>DOERGE, ANDREW N</b> <b>03-MAY-2017 07:08:24</b></p>		
	STAR/EMPLOYEE NO <b>1582</b>	SIGNATURE [REDACTED]	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		
	STAR NO. <b>307</b>	SIGNATURE [REDACTED]	DATE REVIEWED      TIME <b>03-MAY-2017 07:14:14</b>

400 # 1085062  
 Attachment # 6

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL, (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL, (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY, (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY, (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

As of this report no further action by the undersigned is required. Investigation into this incident will be done by the Area Detective Division. Based on the facts available at this time further investigation is needed.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO \_\_\_\_\_ OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

VALADEZ, FRANCIS A

86 66 TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION

SIGNATURE  
[REDACTED]

DATE COMPLETED TIME  
03-MAY-2017 07:18:43

100 # 1085062  
Attachment # 6